

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

|  |  |   |  |
|--|--|---|--|
| <b>TO: CREDIT</b><br><b>FROM: [REDACTED]</b><br><b>DATE: 03/12/90</b><br><b>TIME: 10:00</b><br><b>BY: [REDACTED]</b><br><b>REASON: [REDACTED]</b><br><b>REMARKS: [REDACTED]</b>  |  | <b>TO: CREDIT</b><br><b>FROM: [REDACTED]</b><br><b>DATE: 03/12/90</b><br><b>TIME: 10:00</b><br><b>BY: [REDACTED]</b><br><b>REASON: [REDACTED]</b><br><b>REMARKS: [REDACTED]</b>   |  |
| <b>ACCT-CODE</b><br><b>PREM-BILL-CODE</b><br><b>POLICY-STATUS</b><br><b>MP-DIVISION</b><br><b>PLAN-REGISTRATION</b><br><b>ART-OF-INS</b><br><b>PLAN-ANT-DP-INS</b><br><b>ALIM-118-ANT-DP-INS</b><br><b>INS-118-AGE</b><br><b>OWN-ATTAINED-AGE</b><br><b>INS-RATE-TYPE</b><br><b>TERM-YR</b><br><b>ACCL-PAY-ST/DT</b>                             |  | <b>PREM-PAY-DE</b><br><b>PREMIUM</b><br><b>ISSUE-DATE</b><br><b>BILL-DATE</b><br><b>REV-DIV</b><br><b>REV-NON-AGE</b><br><b>REV-DIV-CA</b><br><b>CLP</b><br><b>MC-VIS/RES-PD</b><br><b>LDB-BASE</b><br><b>LDB-AT</b><br><b>LDB-PLAN</b>   |  |
| <b>LOAN-ADJ-DATE</b><br><b>QUAN-CY</b><br><b>AZ-BAL</b><br><b>BORROW/WITHDRAW (B/V)</b><br><b>DIV PLAN</b><br><b>PREM-PD-TO-DT</b><br><b>PREMUR/MODE</b><br><b>PREM-PLANS</b><br><b>DIV-TAX-INT</b><br><b>NET-GAIN-INT</b><br><b>COST-BASIS</b><br><b>STATE-FOR-TAXES</b><br><b>EXD-NTHNG-IND</b><br><b>SOC-SEC-NO</b><br><b>INS-CASE-NUMBER</b> |  | <b>DISC-CY</b><br><b>W.00%</b><br><b>CV-OP-AI</b><br><b>DIV-BAL</b><br><b>GA-OVERPMT</b><br><b>DIVIDEND</b><br><b>REP-LOAN-INT</b><br><b>PLAN-CY</b><br><b>ATB/STB-CY</b>   |  |
| <b>INSURED</b><br><b>OWNER</b><br><b>ASSIGNEE</b><br><b>REQUIRETOR</b><br><b>PAYEE</b><br><b>PAYEE ADDRESS:</b><br><b>1:</b><br><b>2:</b><br><b>3:</b><br><b>4:</b><br><b>REMARKS:</b><br><b>1:</b><br><b>2:</b><br><b>3:</b><br><b>4:</b>   |  | <b>EXIST-LOAN</b><br><b>LAST-DUE</b><br><b>10/12/90-03/12/90</b><br><b>EX-INTERPMT</b><br><b>AMT-ADV</b><br><b>PREM-SPLO</b><br><b>INT-NET-PREM</b><br><b>DIV-PED-INTNG</b><br><b>PED-GAIN-INTNG</b><br><b>ST-GAIN-INTNG</b><br><b>NET-AMT-AVAIL</b><br><b>PES-SUSPENSE</b><br><b>AMT-REQ</b><br><b>IFT-AMT</b><br><b>CLM-AMT</b> |  |
| <b>INSURED</b><br><b>OWNER</b><br><b>ASSIGNEE</b><br><b>REQUIRETOR</b><br><b>PAYEE</b><br><b>PAYEE ADDRESS:</b><br><b>1:</b><br><b>2:</b><br><b>3:</b><br><b>4:</b><br><b>REMARKS:</b><br><b>1:</b><br><b>2:</b><br><b>3:</b><br><b>4:</b>   |  | <b>TYPE</b><br><b>CYS</b><br><b>MA</b><br><b>REASON</b><br><b>VALUE-IND E</b><br><b>PAYEE-IND E</b><br><b>FEEDBACK-CODES</b><br><b>OS</b><br><b>AUDIT-REQ-DT 03/08/90</b>   |  |

U-2800/PM 104903

MP401112795

**CONFIDENTIAL**

**REDACTED CONFIDENTIAL POL INFO**

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| POLICY DATA<br>ACCT-CODE<br>PLAN-BELL-CODE<br>POLICY-STATUS<br>AF-ENTION<br>PLAN<br>PLAN-DESIGNATION<br>AMT-OF-INS<br>PLAN-AMT-OF-INS<br>INC-1556-NOE<br>INC-ATTAINED-AGE<br>DOWNE-ATTAINED-AGE<br>INT-RATE-TYPE<br>TERM-YR<br>ACCEL-PAY-ST/DT   |  | POLICY DATA<br>PLAN-BELL-CODE<br>POLICY-STATUS<br>AF-ENTION<br>PLAN<br>PLAN-DESIGNATION<br>AMT-OF-INS<br>PLAN-AMT-OF-INS<br>INC-1556-NOE<br>INC-ATTAINED-AGE<br>DOWNE-ATTAINED-AGE<br>INT-RATE-TYPE<br>TERM-YR<br>ACCEL-PAY-ST/DT  |  | POLICY DATA<br>PLAN-BELL-CODE<br>POLICY-STATUS<br>AF-ENTION<br>PLAN<br>PLAN-DESIGNATION<br>AMT-OF-INS<br>PLAN-AMT-OF-INS<br>INC-1556-NOE<br>INC-ATTAINED-AGE<br>DOWNE-ATTAINED-AGE<br>INT-RATE-TYPE<br>TERM-YR<br>ACCEL-PAY-ST/DT                      |  | POLICY DATA<br>PLAN-BELL-CODE<br>POLICY-STATUS<br>AF-ENTION<br>PLAN<br>PLAN-DESIGNATION<br>AMT-OF-INS<br>PLAN-AMT-OF-INS<br>INC-1556-NOE<br>INC-ATTAINED-AGE<br>DOWNE-ATTAINED-AGE<br>INT-RATE-TYPE<br>TERM-YR<br>ACCEL-PAY-ST/DT                      |  | POLICY DATA<br>PLAN-BELL-CODE<br>POLICY-STATUS<br>AF-ENTION<br>PLAN<br>PLAN-DESIGNATION<br>AMT-OF-INS<br>PLAN-AMT-OF-INS<br>INC-1556-NOE<br>INC-ATTAINED-AGE<br>DOWNE-ATTAINED-AGE<br>INT-RATE-TYPE<br>TERM-YR<br>ACCEL-PAY-ST/DT                      |  | POLICY DATA<br>PLAN-BELL-CODE<br>POLICY-STATUS<br>AF-ENTION<br>PLAN<br>PLAN-DESIGNATION<br>AMT-OF-INS<br>PLAN-AMT-OF-INS<br>INC-1556-NOE<br>INC-ATTAINED-AGE<br>DOWNE-ATTAINED-AGE<br>INT-RATE-TYPE<br>TERM-YR<br>ACCEL-PAY-ST/DT                      |  |
| VALUATION DATA<br>LOAN-AMT-DATE<br>OMAR-CY<br>AT-SAL<br>ADDRESS/VEHICULAR<br>DIV Y PLAN<br>PLAN-PRIME-OT<br>PREMIUM/NOE<br>NUM-PREMI<br>INC-TAX-INT<br>NET-GAIN-INT<br>COST-RATIO<br>STATE-FOR-TAXES<br>REC-WTHOD-ING<br>SOC-SEC-NO<br>REC-CRSE-NUMBER   |  | VALUATION DATA<br>LOAN-AMT-DATE<br>OMAR-CY<br>AT-SAL<br>ADDRESS/VEHICULAR<br>DIV Y PLAN<br>PLAN-PRIME-OT<br>PREMIUM/NOE<br>NUM-PREMI<br>INC-TAX-INT<br>NET-GAIN-INT<br>COST-RATIO<br>STATE-FOR-TAXES<br>REC-WTHOD-ING<br>SOC-SEC-NO<br>REC-CRSE-NUMBER   |  | VALUATION DATA<br>LOAN-AMT-DATE<br>OMAR-CY<br>AT-SAL<br>ADDRESS/VEHICULAR<br>DIV Y PLAN<br>PLAN-PRIME-OT<br>PREMIUM/NOE<br>NUM-PREMI<br>INC-TAX-INT<br>NET-GAIN-INT<br>COST-RATIO<br>STATE-FOR-TAXES<br>REC-WTHOD-ING<br>SOC-SEC-NO<br>REC-CRSE-NUMBER |  | VALUATION DATA<br>LOAN-AMT-DATE<br>OMAR-CY<br>AT-SAL<br>ADDRESS/VEHICULAR<br>DIV Y PLAN<br>PLAN-PRIME-OT<br>PREMIUM/NOE<br>NUM-PREMI<br>INC-TAX-INT<br>NET-GAIN-INT<br>COST-RATIO<br>STATE-FOR-TAXES<br>REC-WTHOD-ING<br>SOC-SEC-NO<br>REC-CRSE-NUMBER |  | VALUATION DATA<br>LOAN-AMT-DATE<br>OMAR-CY<br>AT-SAL<br>ADDRESS/VEHICULAR<br>DIV Y PLAN<br>PLAN-PRIME-OT<br>PREMIUM/NOE<br>NUM-PREMI<br>INC-TAX-INT<br>NET-GAIN-INT<br>COST-RATIO<br>STATE-FOR-TAXES<br>REC-WTHOD-ING<br>SOC-SEC-NO<br>REC-CRSE-NUMBER |  | VALUATION DATA<br>LOAN-AMT-DATE<br>OMAR-CY<br>AT-SAL<br>ADDRESS/VEHICULAR<br>DIV Y PLAN<br>PLAN-PRIME-OT<br>PREMIUM/NOE<br>NUM-PREMI<br>INC-TAX-INT<br>NET-GAIN-INT<br>COST-RATIO<br>STATE-FOR-TAXES<br>REC-WTHOD-ING<br>SOC-SEC-NO<br>REC-CRSE-NUMBER |  |
| PAYEE DATA<br>INSURED<br>OWNER<br>ASSIGNEE<br>REQUESTOR<br>PAYEE   |  | PAYEE DATA<br>INSURED<br>OWNER<br>ASSIGNEE<br>REQUESTOR<br>PAYEE   |  | PAYEE DATA<br>INSURED<br>OWNER<br>ASSIGNEE<br>REQUESTOR<br>PAYEE   |  | PAYEE DATA<br>INSURED<br>OWNER<br>ASSIGNEE<br>REQUESTOR<br>PAYEE   |  | PAYEE DATA<br>INSURED<br>OWNER<br>ASSIGNEE<br>REQUESTOR<br>PAYEE   |  | PAYEE DATA<br>INSURED<br>OWNER<br>ASSIGNEE<br>REQUESTOR<br>PAYEE   |  |
| MAIL STATEMENT TO:<br>1:<br>2:<br>3:<br>4:<br>5:<br>6:<br>7:<br>8:<br>9:<br>10:<br>11:<br>12:<br>13:<br>14:<br>15:<br>16:<br>17:<br>18:<br>19:<br>20:<br>21:<br>22:<br>23:<br>24:<br>25:<br>26:<br>27:<br>28:<br>29:<br>30:<br>31:<br>32:<br>33:<br>34:<br>35:<br>36:<br>37:<br>38:<br>39:<br>40:<br>41:<br>42:<br>43:<br>44:<br>45:<br>46:<br>47:<br>48:<br>49:<br>50:<br>51:<br>52:<br>53:<br>54:<br>55:<br>56:<br>57:<br>58:<br>59:<br>60:<br>61:<br>62:<br>63:<br>64:<br>65:<br>66:<br>67:<br>68:<br>69:<br>70:<br>71:<br>72:<br>73:<br>74:<br>75:<br>76:<br>77:<br>78:<br>79:<br>80:<br>81:<br>82:<br>83:<br>84:<br>85:<br>86:<br>87:<br>88:<br>89:<br>90:<br>91:<br>92:<br>93:<br>94:<br>95:<br>96:<br>97:<br>98:<br>99:<br>100: |  | MAIL STATEMENT TO:<br>1:<br>2:<br>3:<br>4:<br>5:<br>6:<br>7:<br>8:<br>9:<br>10:<br>11:<br>12:<br>13:<br>14:<br>15:<br>16:<br>17:<br>18:<br>19:<br>20:<br>21:<br>22:<br>23:<br>24:<br>25:<br>26:<br>27:<br>28:<br>29:<br>30:<br>31:<br>32:<br>33:<br>34:<br>35:<br>36:<br>37:<br>38:<br>39:<br>40:<br>41:<br>42:<br>43:<br>44:<br>45:<br>46:<br>47:<br>48:<br>49:<br>50:<br>51:<br>52:<br>53:<br>54:<br>55:<br>56:<br>57:<br>58:<br>59:<br>60:<br>61:<br>62:<br>63:<br>64:<br>65:<br>66:<br>67:<br>68:<br>69:<br>70:<br>71:<br>72:<br>73:<br>74:<br>75:<br>76:<br>77:<br>78:<br>79:<br>80:<br>81:<br>82:<br>83:<br>84:<br>85:<br>86:<br>87:<br>88:<br>89:<br>90:<br>91:<br>92:<br>93:<br>94:<br>95:<br>96:<br>97:<br>98:<br>99:<br>100: |  | MAIL STATEMENT TO:<br>1:<br>2:<br>3:<br>4:<br>5:<br>6:<br>7:<br>8:<br>9:<br>10:<br>11:<br>12:<br>13:<br>14:<br>15:<br>16:<br>17:<br>18:<br>19:<br>20:<br>21:<br>22:<br>23:<br>24:<   |  |  |  |  |  |  |  |







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There was not enough money available from Policy # [REDACTED] to pay the due premium and repay all the monies taken from Policy # [REDACTED] on the life of [REDACTED]. Therefore, we completed the partial repayment indicated in the Check-O-Matic withdrawal/partial surrender. The full repayment figures are also given.

|   | FULL REPAYMENT | PARTIAL REPAYMENT |
|---|----------------|-------------------|
| <input checked="" type="checkbox"/> Amount to reverse the cash surrender transaction                | \$ 6,277       | \$ 6,277          |
| <input checked="" type="checkbox"/> Premiums due from 11-01 to 11-01                                | \$ 570.50      | \$ 570.50         |
| <input checked="" type="checkbox"/> Amount to reverse the loan(s) which totaled \$ 2,411.13         | \$ 2,411.13    | \$ 2,411.13       |
| Applicable interest will be waived.   |                |                   |
| <input type="checkbox"/> Amount to reverse partial surrender(s) which totalled \$                   | \$             | \$                |
| <input checked="" type="checkbox"/> Amount to reverse dividend withdrawals which totalled \$ 121.00 | \$ 121.00      | \$ 0-             |
| <input type="checkbox"/>  | \$             | \$                |
| Total Amt. for Restoration of Policy  | \$ 1,550.56    | \$ 4,008.83       |

(Only these paragraphs checked below are applicable.)

☒ We are arranging to have a duplicate of policy # [REDACTED] mailed to you. If you do not receive the policy by [REDACTED], please telephone 1-800-MET-LIFE and refer to this letter.

☐ Your policy was previously paid by Check-O-Matic withdrawals from your bank account. Please arrange to resume payments by contacting your local sales office or our Service Center (1-800-MET-LIFE).

☐ Loan interest was not charged as part of this processing. We remind you that there was an outstanding loan on the policy prior to these transactions. You will receive a notice of the loan balance and interest due on the previously existing loan(s) on the policy anniversary date.

☒ In order to process the restoration of your original policy as quickly as possible, we have done partial surrenders. We are willing to reverse the balance of the (non-refundable withdrawal/partial surrender) indicated above. You will send your personal check or money order, made payable to MET-LIFE, in the amount of \$ 1,550.56. This is the balance which was withdrawn from the original policy. We must receive this payment within 30 days. Please attach a copy of this letter along with your payment.

☒ Policy # [REDACTED] is in force with a face amount of \$ 2,000,000. The next premium is due \$ 111.11. The next premium is due 11-01.

MP401112800

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In summary:

Total Funds Available from the Policy to be Repaid  
Total Funds Required to Fully Repay Withdrawals  
Total Funds Available to Fully Repay Withdrawals  
Total Funds Available to Fully Repay Withdrawals  
Total Funds Available to Fully Repay Withdrawals

As you can see, the net result is that a payment from you is the amount of \$12,000.00. We have completed the partial repayment process. A self-addressed envelope is enclosed for your convenience in submitting your check or money order, made payable to METLIFE, if you wish to fully repay the balance of your original policy.

Thank you for your patience during the resolution of this matter. METLIFE continues to provide the insurance and services to our customers which meet their every need.

If you need any other advice, do not hesitate to contact your local sales office or insurance agent.

General  
Executive  
Administrative Services  
Customer Service  
METLIFE

MP4011112801

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REDACTED CONFIDENTIAL POL INFO

United Life Insurance of New York  
100 State Street, New York, NY 10038-1000

94090921330

MetLife



Re: Policy 90[REDACTED] UL

Dear [REDACTED]:

This is in response to your recent letter.

We are currently obtaining the necessary information to address your situation and will reply as soon as we are able to do so.

Your patience will be appreciated.

Sincerely,

Leonard R. Nicoby  
Director  
Administrative Services

June 6, 1994

LRN/jmk

Metropolitan Life Insurance Company





MP4011112803

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REDACTED CONFIDENTIAL POL INFO

MedLife Insurance Co.  
500 Schenck Road, Suite 100  
Hennepin, MN 55904

9 8 0 1 2 6 0 6 0 4 3

MedLife

RE: **Reference Policy Number** [REDACTED] **Original Policy Number(s)** [REDACTED]

**Date:** [REDACTED]

This is in regard to your recent telephone conversation on April 11, 2004 with a member of our staff.

Our records indicate that you may have funded the above-referenced policy using some or all of the values from an existing MedLife policy. Using values from an existing policy in the purchase of new insurance may be appropriate in many instances, but we want to be sure that you had a complete understanding of the terms of your transaction. If such was not the case, and you were misled or deceived in connection with this transaction, MedLife is willing to take appropriate steps to resolve the issue, including cancelling your existing policy and restoring your original policy in an administrative case to you.

To proceed with the possible rescission of your original policy, and have the value now transferred to the new policy referred to your original policy, you need to complete the enclosed Claim Form and return it with the above-referenced policy within 30 days from the date of this letter to:

MedLife  
Customer Relations Unit  
Administrative Office  
500 Schenck Road  
Hennepin, MN 55904

Respectfully,  
[Signature]

MP4011112804

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9 4 0 9 0 3 2 1 2 8 2  
You must understand that if you make the election to cancel the above-referenced policy, your coverage will cease under that policy, and you will revert to coverage under your original policy.

**IMPORTANT:** If you were not misled or deceived when you purchased the above-referenced policy, or if you wish your coverage under that policy to continue, you should NOT complete the enclosed Claim Form and Release.

If you have any questions about this letter, please direct your inquiry to our Customer Relations Unit or call 1-800-343-3874.

Very truly yours,

Bonnie Pfeil  
Administrative Services  
Johannesburg Administrative Office

April 27, 1994

BP:jmk

MP4011112805

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REDACTED CONFIDENTIAL POL INFO

April 27, 1994  
 9 4 0 9 0 2 1 3 9 U  
 If you wish to cancel policy number 94-0902139U, you must complete this Claim Form and Release and mail it to MetLife, 500 Schoolhouse Road, Johnsonville, PA 15904. Enclosed is a return envelope. If a reply is not received within 45 days we will file your inquiry with no further action.

1. Name and current mailing address of the Policyowner completing and signing this form (please PRINT):

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_  
 Daytime Telephone Number \_\_\_\_\_  
 Evening Telephone Number \_\_\_\_\_  
 Social Security or Tax I.D. Number of Policyowner \_\_\_\_\_

2. If policies to be cancelled are not enclosed with this form please explain why.

3. Name of agent(s), if known, who sold you the policy:

4. If I was deceived or misled in connection with the purchase of the policy listed above, details must be provided in order for us to process your request (include any documents in support of your claim):

## RELEASE

Submission of this form to MetLife and the execution of your original policy(ies) will constitute a release of MetLife and all its current and former employees, agents, independent contractors, officers and directors from any and all claims, demands, and causes of action which the undersigned may have against one or more of any event, matters or transactions relating to the purchase of the policy(ies) cancelled.

I DO HEREBY CERTIFY THAT I HAVE READ THE INFORMATION PROVIDED IN ALL THE FOREGOING CLAIM FORM AND RELEASE CAREFULLY AND SWEAR THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1994.

Notary Public

My commission expires:

jmk

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POL INFO

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MP4011112806

MPAC - POLICE FORM - 10-11-00 Use Only

59

16. Microfilm (Address Unit) (Date)

Please microfilm the attached material, then check off the reason for forwarding to the unit for data entry report (ODS).

Number of Pages 24

Name of Journalist(s) [Redacted]

ODS Key Entry Code - Please input the following information. Also input reason to microfilm. Reference Unit for form location by checking off the reason type.

☐ Return to Microfilm Reference Unit

| Transaction Date Entered | Policy Number | Dept. Code | Trans. Sub. Code | Trans. Sub. Code | Microfilm Reference No. | Microfilm date (If other than production date) |
|--------------------------|---------------|------------|------------------|------------------|-------------------------|--|
| 8/                       | [Redacted]    | M          | 59               | X                |                         |  |
| 8/                       | [Redacted]    | M          | 59               | 5                |                         |  |

Codes for Units and Department

Monthly Account Policies

| Unit | Account | Policy |
|------|---------|--------|
| 10   | 10      | 10     |
| 11   | 11      | 11     |
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Annual Collection Policies

Unit 1011112806

MP401112807

CONFIDENTIAL

5/13/94 (75)  
(001262)

5/27/94 WIP NOT  
ACKNOWLEDGMENT, TO TYPING  
CASE TO ENROLLMENT TO ENROLL

6/10/94 LETTER TO INSURED

6-15-94 LETTER TO INSURED

6-27-94 LETTER TO INSURED

7-11-94 Release letter att (CL)

7-13 Letterhead and Q3 Filed X 2/2/94

**CONFIDENTIAL**

MP401112808

**CONFIDENTIAL**

MP401112809





REDACTED CONFIDENTIAL POL  
INFO

CONFIDENTIAL

SPECIAL PROCESSING CASE: Tampa \_\_\_\_\_ Copycat \_\_\_\_\_ PA Restoration \_\_\_\_\_ National \_\_\_\_\_ Other \_\_\_\_\_

TO: M cus INDUSTRIAL PROCESSING TO: M Cons. Relations  
ADJUSTMENT UNIT Consumer Relations, Customer Services  
Head Office

PLEASE LIST POLICY 89 M, MAKING THE ADJUSTMENT INDICATED BELOW:

| POLICY # <u>89</u> <u>M</u>    |                                      | POLICY # _____         |                        |
|--------------------------------|--------------------------------------|------------------------|------------------------|
| DEBIT                          | CREDIT                               | DEBIT                  | CREDIT                 |
| Prem. 1st Yr. \$ <u>193.50</u> | Susp. Assets \$ _____                | Susp. Assets \$ _____  | Susp. Assets \$ _____  |
| Prem. Renewal \$ <u>617.45</u> | Susp. Liab. \$ _____                 | Susp. Liab. \$ _____   | Susp. Liab. \$ _____   |
| Loan Interest \$ _____         | Loan \$ _____                        | Loan \$ _____          | Loan \$ _____          |
| Susp. Assets \$ _____          | Cash Value \$ _____                  | Loan Interest \$ _____ | Loan Interest \$ _____ |
| Susp. Liab. \$ _____           | Dividends \$ _____                   | Dividends \$ _____     | Dividends \$ _____     |
| PLAA \$ _____                  | Refund Check Amount \$ <u>810.15</u> | Cash Value \$ _____    | Cash Value \$ _____    |
| Misc. Loss \$ _____            | Misc. Loss \$ _____                  | Misc. Loss \$ _____    | Misc. Loss \$ _____    |
| TOTAL \$ <u>810.15</u>         | TOTAL \$ <u>810.15</u>               | TOTAL \$ _____         | TOTAL \$ _____         |

POLICY FACTS FOR LISTED POLICY

Insured \_\_\_\_\_  
Paid to Date 6-9-99  
Mode SA  
District 70  
Agency/Index 4522  
Commission \$ \_\_\_\_\_ Allow X Deduct \_\_\_\_\_

OK for Losses \_\_\_\_\_ Date \_\_\_\_\_  
# of Premiums \_\_\_\_\_ Mode \_\_\_\_\_  
New Paid to Date \_\_\_\_\_

REFUND CHECK ALREADY ISSUED BY OCR ON \_\_\_\_\_  
REFUND CHECK TO BE ISSUED BY ADJUSTMENT UNIT X  
ISSUE CHECK PAYABLE TO: Insured X Owner on File \_\_\_\_\_ Other \_\_\_\_\_  
SEND CHECK TO: Address on File X District \_\_\_\_\_ Other \_\_\_\_\_

104.58  
18.00

[5/6/94ed]

REDACTED CONFIDENTIAL POL  
INFO

CONFIDENTIAL

PROCESS DATE 08 15 94  
CHECK NUM 89  
POL NUM 020 93018  
USE CODE 84  
INURED  
DPT ACCT 038 70501  
020 93018

MCITROPOLITAN TRANSFER SYSTEM  
CHECKWRITING DATE 08 15 94  
USERID KAREN  
BLCK 603  
SUF H  
DATE 08/15/94  
COST/UNIT 62740 / 83230  
APPR BY J15  
CURR N

PAYABLE TO:

DEBIT 870.75  
CREDIT 870.75

TOTAL: 870.75  
EXPLANATION OF ADJUSTMENT: LIFT POLICY FOR PA RESORATION  
PAYMENT DESCRIPTION PREMIUM REFUND

MP401112812

CONFIDENTIAL

REDACTED CONFIDENTIAL POL  
INFO

METROPOLITAN TRANSPORTATION ENGINTEER E42CH45  
 PROCESS DATE 08 15 94 ASST. CHIEF OF POL. SCREEN  
 POL. NO. 09 [REDACTED] SUR. H. 135410 CLEM. KAREN DREAS  
 ACCT/NOT N. COST/UNIT 42740 / 83210 198-A CTRL 069A009  
 CHECK TYP. POL. LIFT DIST J15 BILL DATE 204 PLAN 1574 LOGS CODE 00  
 CHECK TYP. POL. LIFT DIST J15 BILL DATE 204 PLAN 1574 LOGS CODE 00  
 DPT. ACCT 026 08301 DEBIT CREDIT  
 026 08302 1257.25  
 026 93018 677.25  
 870.75

TOTALS: 870.75 870.75  
 EXPLANATION OF ADJUSTMENT: LIFT POL. FOR PA RESORATION

MP4011112813

**CONFIDENTIAL**

REDACTED CONFIDENTIAL POL  
INFO

MP401112814

8.15.54  
8.11.94  
Deerem der bekken 85  
Sept polij 89  
55  
55  
55

8.11.94  
Decrease divi telephone 85-  
8.15.94  
High policy 39-  
[redacted] [redacted]

MP401112815

CONFIDENTIAL

REDACTED CONFIDENTIAL POL  
INFO

|  |                               |                                     |                        |
|--|-------------------------------|-------------------------------------|------------------------|
| Chase Cardholder<br>Personal Life Insurance<br>Memorandum of Telephone Inquiry   |                               | Miller<br>6-1-94<br>Name of Insured |                        |
| Policy Number<br>89- [REDACTED]  | Name of Insured<br>[REDACTED] | Telephone call from<br>[REDACTED]   | Identity<br>[REDACTED] |
| Address<br>[REDACTED]  | District<br>[REDACTED]        | Telephone number<br>[REDACTED]      | Agency<br>[REDACTED]   |
| Remarks: Please call in references to collection letter. Pls. call Quis. if possible. - insured will be at this # all day. J. Hanks                    |                               |                                     |                        |
| Additional Comments: [REDACTED] - Fred [REDACTED] or should arrive 4-6 weeks from 7/18. If he doesn't arrive, call [REDACTED] 10/11/94 - note on corp. |                               |                                     |                        |
| Action Taken: [REDACTED]   |                               |                                     |                        |
| Telephone call received by [REDACTED]  |                               | Date 8-2-94 Time 10:10 AM           |                        |
| Inquiry to be answered on time then [REDACTED]   |                               | BY [REDACTED] Telephone [REDACTED]  |                        |
| Inquiry answered by [REDACTED]   |                               | Date [REDACTED] Time [REDACTED]     |                        |

MP4011112816

CONFIDENTIAL

REDACTED CONFIDENTIAL  
POL INFO

**Contracting**

594

10/1/94  
10/1/94  
10/1/94

RE Policy 89 [REDACTED] M

Dear Mr. [REDACTED]

This will acknowledge receipt of your Contracting Bid from dated July 1, 1994.  
We have included policy 89 [REDACTED] with a total premium refund of \$870.75. You  
may expect to receive the refund check within separate cover shortly.

Sincerely

Christie Eller  
Administrative Services  
Johnson Administrative Office

July 18, 1994

CE/da

Managerial Life Insurance Company

Copy furnished by telephone/fax for [REDACTED]  
Date [REDACTED] Time [REDACTED]  
Office of the [REDACTED]

MP401112817

CONFIDENTIAL

REDACTED CONFIDENTIAL  
POL INFO

CE

RELEASE

Submission of this form to MetLife and the return of premiums paid on policy(ies) to [redacted] will constitute a release of MetLife and all its current and former employees, agents, subsidiaries, affiliates, officers and directors from any and all claims, demands, and causes of action which the undersigned may have arising out of any events, omissions or transactions relating to the purchase of the policy(ies) executed.

Signature

day of July 1994.

Sworn to and subscribed before me this

Notary Public

My commission expires: 7/24/97

25



MP4011112818

CONFIDENTIAL

REDACTED CONFIDENTIAL POL  
INFO



MedLife  
One MedLife Plaza  
Lawrenceville, Georgia 30046-1000

Re Policy 89- [REDACTED] M

Dear Mr. [REDACTED]

This will supplement our phone conversation of June 21, 1994.

We are willing to offer you the opportunity to cancel policy 89- [REDACTED] M with a total refund of \$870.75, representing premiums paid. If you elect to cancel this policy, please complete the enclosed Release Form, have it notarized, and return it to us with the policy. If a reply is not received by August 1, 1994, we will file your inquiry with no further action.

Sincerely

Christie Eller  
Administrative Services  
Johnstown Administrative Office

June 23, 1994

CE:jmk

MedLife is a Service Company

CONFIDENTIAL

REDACTED CONFIDENTIAL POL  
INFO

Chicago Division  
Personnel Liaison Bureau  
Memorandum of Telephone Inquiry

ALL: Christie Ellen

Policy Number: [REDACTED]  
Name of Insured: [REDACTED]  
Telephone office: [REDACTED]  
Address: [REDACTED]  
Telephone number: [REDACTED]  
Identity: [REDACTED]  
Agency: [REDACTED]  
District: [REDACTED]

Remarks: Please call regarding restoration letter.  
Thanks.

Action Taken:

Telephone call received by [REDACTED] on 6-20-84, Time 1:00 P.M.  
Inquiry to be answered on how often: [REDACTED]  
Inquiry answered by [REDACTED] by [REDACTED] on [REDACTED] at [REDACTED] Time [REDACTED]  
CIVILIAN 84-11-11-11-11-11

MP4011112819

CONFIDENTIAL

REDACTED CONFIDENTIAL  
POL INFO

MetLife  
100 South Street  
New York, NY 10038

MetLife

RE: Policies 89 [REDACTED] M  
80 [REDACTED] M

Dear Mr. [REDACTED]

This will supplement Mr. Nickey's letter of June 2, 1994.

Policy 89 [REDACTED] M was issued December 1, 1989, on our Whole Life plan of insurance for \$10,000 insuring your life. This policy currently has a semi-annual gross bill premium of \$96.75. Premiums are currently paid to June 4, 1994.

Policy 80 [REDACTED] M was issued May 2, 1990, on our 20 Year Payment Life plan of insurance, for \$5,000 insuring your life. This policy had a quarterly gross bill premium of \$35.80. On July 2, 1990, we sent you a check for \$833.46, representing the cash surrender value of this policy.

We are willing to offer you the opportunity to reacquire policy 89 [REDACTED] M with a total refund of \$370.73 representing the premium paid. This money will be used towards restoring policy 80 [REDACTED] M. The amount needed to restore this policy is shown below.

Policy 80 [REDACTED] A

**Cash Surrender Payment Reversal**

Premiums due from 08/02/90 to 08/02/94  
(16 quarterly premiums @ \$35.80 each)  
Total needed to restore

\$833.46  
\$572.80  
\$1,406.26

As the premium refund on policy 89 [REDACTED] M is not enough to restore policy 80 [REDACTED] M, we would need an additional \$572.80 from you. If you would like to repay the outstanding loan balance of \$14,000 and restore the dividends of \$163.10 withdrawn from policy 8. [REDACTED] M, the total additional payment needed would be \$712.61.

MetLife US Insurance Company



**CONFIDENTIAL**

MP4011112822

[illegible]

*The*

for my note I  
89 [redacted] [redacted]  
at this [redacted]

80 [redacted] [redacted]  
[redacted] [redacted]

143<sup>20</sup>

96.7  
93.10

35.50

143<sup>20</sup>

Premiums RJ  
RJ 4/70 1270 4/71 1/12 742  
.. 4/72 4/73 1/74  
AJ DW  
Maryland  
DW 52.75 440 } net  
80.35 1277 } premium

DW  
RJ

This individual has not provided us with a reason for his concerns. The new policy is twice the face amount of the original policy for only \$D more per year. There appears to be inequity, but he was entering aware of what he was doing at the time.

We should write out denying as provided OE if office made ruling will stick to factuation

\* Replacement ensure on app is complete, but issued indicate in two letter that were aware.



MP4011112825

CONFIDENTIAL

REDACTED CONFIDENTIAL  
POL INFO



Medline Communications, Inc.  
400 Landmark Plaza, Suite 100, 15000, 197

Re: Policy 89 [REDACTED]

Dear Mr. [REDACTED]

This is in response to your recent letter.

We are currently obtaining the necessary information to address your situation and will  
reply as soon as we are able to do so.

Your patience will be appreciated.

Sincerely

Leonard R. Nizky  
Director  
Administrative Services

June 2, 1994

LRN/jmk

Medline Communications, Inc.



CONFIDENTIAL

REDACTED CONFIDENTIAL  
POL INFO

April 7, 1994

Metropolitan Life Insurance Company  
500 Seaboard Building  
Johnstown, PA 15504

ATTENTION: LEONARD NICKY

Re: Previous Policy #80  
Current Policy #89

Dear Mr. Nicky:

I am writing this letter to inform you of my experience with Met Life. Please note that I have included the two policy numbers above.

The current policy was purchased in December of 1989. Mr. Ken Kaczmarek, the Met Life insurance agent recommended that I purchase this policy. I was told that the policy would be in effect until March of 1990. He told me that the policy would gain dividend if I waited. If I chose to cancel the policy before that time, he told me I would lose the dividend. His advice was to purchase the current policy in December 1989 and cancel the previous policy in March 1990. At the time, I felt confident with his advice. So I went ahead and purchased the current policy. Now I am confident that I was misrepresented.

My family has a long history with Met Life. My parents and several of my family members have been with Met Life. I believed that Met Life would provide me with assistance in deciding what would be in my best interest concerning my life insurance needs. After meeting and speaking with Mr. Kaczmarek, I believed that my best interests were taken care of. I even recommended that my brother contact Mr. Kaczmarek about his life insurance needs. My family had come to trust Met Life and to do that they were misrepresented concerning our insurance. I am now in a very difficult position. I am now in a very difficult position. I am now in a very difficult position.

This unfortunate set of circumstances has forced me to re-evaluate my life insurance needs. Therefore, I am demanding that all money paid into my current policy #89 be returned to me immediately. I do not consider this request to be out of line considering Met Life's current problems in the Pennsylvania Region.

Notwithstanding to whom I put the Met Life policy, I am now in a very difficult position. I am now in a very difficult position. I am now in a very difficult position.

CONFIDENTIAL

REDACTED CONFIDENTIAL  
POL INFO

55 :

I would appreciate a prompt response to this letter.  
You can reach me at the following address and/or phone number:

[REDACTED]

Thank you for your time concerning this matter. I look forward to hearing from you soon.

Respectfully,

[REDACTED]

MP4011112827



MP401112829

| Notation           | Trans. Code | Debit Trans. | Credit Trans. | Notation                          | Trans. Code | Debit Trans. |
|--------------------|-------------|--------------|---------------|-----------------------------------|-------------|--------------|
| Die of Vener. Poed | 45-A        | 56-A         |               | Death Claim Pending Debit         | 56-0        | 56-1         |
| Die of Vener. Poed | 45-1        | 56-1         |               | Change/Disbursement Pending Debit | 56-0        | 56-1         |
| Die of Vener. Poed | 45-2        | 56-2         |               | Man TTRPA Hild                    | 57-1        | 58-1         |
| Die of Vener. Poed | 45-3        | 56-3         |               | Unsettled Mail                    | 57-2        | 58-2         |
| Die of Vener. Poed | 45-4        | 56-4         |               | Unsettled Mail                    | 57-3        | 58-3         |
| Die of Vener. Poed | 45-5        | 56-5         |               | Unsettled Mail                    | 57-4        | 58-4         |
| Die of Vener. Poed | 45-6        | 56-6         |               | Unsettled Mail                    | 57-5        | 58-5         |
| Die of Vener. Poed | 45-7        | 56-7         |               | Unsettled Mail                    | 57-6        | 58-6         |
| Die of Vener. Poed | 45-8        | 56-8         |               | Unsettled Mail                    | 57-7        | 58-7         |
| Die of Vener. Poed | 45-9        | 56-9         |               | Unsettled Mail                    | 57-8        | 58-8         |
| Die of Vener. Poed | 45-10       | 56-10        |               | Unsettled Mail                    | 57-9        | 58-9         |
| Die of Vener. Poed | 45-11       | 56-11        |               | Unsettled Mail                    | 57-10       | 58-10        |
| Die of Vener. Poed | 45-12       | 56-12        |               | Unsettled Mail                    | 57-11       | 58-11        |
| Die of Vener. Poed | 45-13       | 56-13        |               | Unsettled Mail                    | 57-12       | 58-12        |
| Die of Vener. Poed | 45-14       | 56-14        |               | Unsettled Mail                    | 57-13       | 58-13        |
| Die of Vener. Poed | 45-15       | 56-15        |               | Unsettled Mail                    | 57-14       | 58-14        |
| Die of Vener. Poed | 45-16       | 56-16        |               | Unsettled Mail                    | 57-15       | 58-15        |
| Die of Vener. Poed | 45-17       | 56-17        |               | Unsettled Mail                    | 57-16       | 58-16        |
| Die of Vener. Poed | 45-18       | 56-18        |               | Unsettled Mail                    | 57-17       | 58-17        |
| Die of Vener. Poed | 45-19       | 56-19        |               | Unsettled Mail                    | 57-18       | 58-18        |
| Die of Vener. Poed | 45-20       | 56-20        |               | Unsettled Mail                    | 57-19       | 58-19        |
| Die of Vener. Poed | 45-21       | 56-21        |               | Unsettled Mail                    | 57-20       | 58-20        |
| Die of Vener. Poed | 45-22       | 56-22        |               | Unsettled Mail                    | 57-21       | 58-21        |
| Die of Vener. Poed | 45-23       | 56-23        |               | Unsettled Mail                    | 57-22       | 58-22        |
| Die of Vener. Poed | 45-24       | 56-24        |               | Unsettled Mail                    | 57-23       | 58-23        |
| Die of Vener. Poed | 45-25       | 56-25        |               | Unsettled Mail                    | 57-24       | 58-24        |
| Die of Vener. Poed | 45-26       | 56-26        |               | Unsettled Mail                    | 57-25       | 58-25        |
| Die of Vener. Poed | 45-27       | 56-27        |               | Unsettled Mail                    | 57-26       | 58-26        |
| Die of Vener. Poed | 45-28       | 56-28        |               | Unsettled Mail                    | 57-27       | 58-27        |
| Die of Vener. Poed | 45-29       | 56-29        |               | Unsettled Mail                    | 57-28       | 58-28        |
| Die of Vener. Poed | 45-30       | 56-30        |               | Unsettled Mail                    | 57-29       | 58-29        |
| Die of Vener. Poed | 45-31       | 56-31        |               | Unsettled Mail                    | 57-30       | 58-30        |
| Die of Vener. Poed | 45-32       | 56-32        |               | Unsettled Mail                    | 57-31       | 58-31        |
| Die of Vener. Poed | 45-33       | 56-33        |               | Unsettled Mail                    | 57-32       | 58-32        |
| Die of Vener. Poed | 45-34       | 56-34        |               | Unsettled Mail                    | 57-33       | 58-33        |
| Die of Vener. Poed | 45-35       | 56-35        |               | Unsettled Mail                    | 57-34       | 58-34        |
| Die of Vener. Poed | 45-36       | 56-36        |               | Unsettled Mail                    | 57-35       | 58-35        |
| Die of Vener. Poed | 45-37       | 56-37        |               | Unsettled Mail                    | 57-36       | 58-36        |
| Die of Vener. Poed | 45-38       | 56-38        |               | Unsettled Mail                    | 57-37       | 58-37        |
| Die of Vener. Poed | 45-39       | 56-39        |               | Unsettled Mail                    | 57-38       | 58-38        |
| Die of Vener. Poed | 45-40       | 56-40        |               | Unsettled Mail                    | 57-39       | 58-39        |
| Die of Vener. Poed | 45-41       | 56-41        |               | Unsettled Mail                    | 57-40       | 58-40        |
| Die of Vener. Poed | 45-42       | 56-42        |               | Unsettled Mail                    | 57-41       | 58-41        |
| Die of Vener. Poed | 45-43       | 56-43        |               | Unsettled Mail                    | 57-42       | 58-42        |
| Die of Vener. Poed | 45-44       | 56-44        |               | Unsettled Mail                    | 57-43       | 58-43        |
| Die of Vener. Poed | 45-45       | 56-45        |               | Unsettled Mail                    | 57-44       | 58-44        |
| Die of Vener. Poed | 45-46       | 56-46        |               | Unsettled Mail                    | 57-45       | 58-45        |
| Die of Vener. Poed | 45-47       | 56-47        |               | Unsettled Mail                    | 57-46       | 58-46        |
| Die of Vener. Poed | 45-48       | 56-48        |               | Unsettled Mail                    | 57-47       | 58-47        |
| Die of Vener. Poed | 45-49       | 56-49        |               | Unsettled Mail                    | 57-48       | 58-48        |
| Die of Vener. Poed | 45-50       | 56-50        |               | Unsettled Mail                    | 57-49       | 58-49        |
| Die of Vener. Poed | 45-51       | 56-51        |               | Unsettled Mail                    | 57-50       | 58-50        |
| Die of Vener. Poed | 45-52       | 56-52        |               | Unsettled Mail                    | 57-51       | 58-51        |
| Die of Vener. Poed | 45-53       | 56-53        |               | Unsettled Mail                    | 57-52       | 58-52        |
| Die of Vener. Poed | 45-54       | 56-54        |               | Unsettled Mail                    | 57-53       | 58-53        |
| Die of Vener. Poed | 45-55       | 56-55        |               | Unsettled Mail                    | 57-54       | 58-54        |
| Die of Vener. Poed | 45-56       | 56-56        |               | Unsettled Mail                    | 57-55       | 58-55        |
| Die of Vener. Poed | 45-57       | 56-57        |               | Unsettled Mail                    | 57-56       | 58-56        |
| Die of Vener. Poed | 45-58       | 56-58        |               | Unsettled Mail                    | 57-57       | 58-57        |
| Die of Vener. Poed | 45-59       | 56-59        |               | Unsettled Mail                    | 57-58       | 58-58        |
| Die of Vener. Poed | 45-60       | 56-60        |               | Unsettled Mail                    | 57-59       | 58-59        |
| Die of Vener. Poed | 45-61       | 56-61        |               | Unsettled Mail                    | 57-60       | 58-60        |
| Die of Vener. Poed | 45-62       | 56-62        |               | Unsettled Mail                    | 57-61       | 58-61        |
| Die of Vener. Poed | 45-63       | 56-63        |               | Unsettled Mail                    | 57-62       | 58-62        |
| Die of Vener. Poed | 45-64       | 56-64        |               | Unsettled Mail                    | 57-63       | 58-63        |
| Die of Vener. Poed | 45-65       | 56-65        |               | Unsettled Mail                    | 57-64       | 58-64        |
| Die of Vener. Poed | 45-66       | 56-66        |               | Unsettled Mail                    | 57-65       | 58-65        |
| Die of Vener. Poed | 45-67       | 56-67        |               | Unsettled Mail                    | 57-66       | 58-66        |
| Die of Vener. Poed | 45-68       | 56-68        |               | Unsettled Mail                    | 57-67       | 58-67        |
| Die of Vener. Poed | 45-69       | 56-69        |               | Unsettled Mail                    | 57-68       | 58-68        |
| Die of Vener. Poed | 45-70       | 56-70        |               | Unsettled Mail                    | 57-69       | 58-69        |
| Die of Vener. Poed | 45-71       | 56-71        |               | Unsettled Mail                    | 57-70       | 58-70        |
| Die of Vener. Poed | 45-72       | 56-72        |               | Unsettled Mail                    | 57-71       | 58-71        |
| Die of Vener. Poed | 45-73       | 56-73        |               | Unsettled Mail                    | 57-72       | 58-72        |
| Die of Vener. Poed | 45-74       | 56-74        |               | Unsettled Mail                    | 57-73       | 58-73        |
| Die of Vener. Poed | 45-75       | 56-75        |               | Unsettled Mail                    | 57-74       | 58-74        |
| Die of Vener. Poed | 45-76       | 56-76        |               | Unsettled Mail                    | 57-75       | 58-75        |
| Die of Vener. Poed | 45-77       | 56-77        |               | Unsettled Mail                    | 57-76       | 58-76        |
| Die of Vener. Poed | 45-78       | 56-78        |               | Unsettled Mail                    | 57-77       | 58-77        |
| Die of Vener. Poed | 45-79       | 56-79        |               | Unsettled Mail                    | 57-78       | 58-78        |
| Die of Vener. Poed | 45-80       | 56-80        |               | Unsettled Mail                    | 57-79       | 58-79        |
| Die of Vener. Poed | 45-81       | 56-81        |               | Unsettled Mail                    | 57-80       | 58-80        |
| Die of Vener. Poed | 45-82       | 56-82        |               | Unsettled Mail                    | 57-81       | 58-81        |
| Die of Vener. Poed | 45-83       | 56-83        |               | Unsettled Mail                    | 57-82       | 58-82        |
| Die of Vener. Poed | 45-84       | 56-84        |               | Unsettled Mail                    | 57-83       | 58-83        |
| Die of Vener. Poed | 45-85       | 56-85        |               | Unsettled Mail                    | 57-84       | 58-84        |
| Die of Vener. Poed | 45-86       | 56-86        |               | Unsettled Mail                    | 57-85       | 58-85        |
| Die of Vener. Poed | 45-87       | 56-87        |               | Unsettled Mail                    | 57-86       | 58-86        |
| Die of Vener. Poed | 45-88       | 56-88        |               | Unsettled Mail                    | 57-87       | 58-87        |
| Die of Vener. Poed | 45-89       | 56-89        |               | Unsettled Mail                    | 57-88       | 58-88        |
| Die of Vener. Poed | 45-90       | 56-90        |               | Unsettled Mail                    | 57-89       | 58-89        |
| Die of Vener. Poed | 45-91       | 56-91        |               | Unsettled Mail                    | 57-90       | 58-90        |
| Die of Vener. Poed | 45-92       | 56-92        |               | Unsettled Mail                    | 57-91       | 58-91        |
| Die of Vener. Poed | 45-93       | 56-93        |               | Unsettled Mail                    | 57-92       | 58-92        |
| Die of Vener. Poed | 45-94       | 56-94        |               | Unsettled Mail                    | 57-93       | 58-93        |
| Die of Vener. Poed | 45-95       | 56-95        |               | Unsettled Mail                    | 57-94       | 58-94        |
| Die of Vener. Poed | 45-96       | 56-96        |               | Unsettled Mail                    | 57-95       | 58-95        |
| Die of Vener. Poed | 45-97       | 56-97        |               | Unsettled Mail                    | 57-96       | 58-96        |
| Die of Vener. Poed | 45-98       | 56-98        |               | Unsettled Mail                    | 57-97       | 58-97        |
| Die of Vener. Poed | 45-99       | 56-99        |               | Unsettled Mail                    | 57-98       | 58-98        |
| Die of Vener. Poed | 45-100      | 56-100       |               | Unsettled Mail                    | 57-99       | 58-99        |
| Die of Vener. Poed | 45-101      | 56-101       |               | Unsettled Mail                    | 57-100      | 58-100       |
| Die of Vener. Poed | 45-102      | 56-102       |               | Unsettled Mail                    | 57-101      | 58-101       |
| Die of Vener. Poed | 45-103      | 56-103       |               | Unsettled Mail                    | 57-102      | 58-102       |
| Die of Vener. Poed | 45-104      | 56-104       |               | Unsettled Mail                    | 57-103      | 58-103       |
| Die of Vener. Poed | 45-105      | 56-105       |               | Unsettled Mail                    | 57-104      | 58-104       |
| Die of Vener. Poed | 45-106      | 56-106       |               | Unsettled Mail                    | 57-105      | 58-105       |
| Die of Vener. Poed | 45-107      | 56-107       |               | Unsettled Mail                    | 57-106      | 58-106       |
| Die of Vener. Poed | 45-108      | 56-108       |               | Unsettled Mail                    | 57-107      | 58-107       |
| Die of Vener. Poed | 45-109      | 56-109       |               | Unsettled Mail                    | 57-108      | 58-108       |
| Die of Vener. Poed | 45-110      | 56-110       |               | Unsettled Mail                    | 57-109      | 58-109       |
| Die of Vener. Poed | 45-111      | 56-111       |               | Unsettled Mail                    | 57-110      | 58-110       |
| Die of Vener. Poed | 45-112      | 56-112       |               | Unsettled Mail                    | 57-111      | 58-111       |
| Die of Vener. Poed | 45-113      | 56-113       |               | Unsettled Mail                    | 57-112      | 58-112       |
| Die of Vener. Poed | 45-114      | 56-114       |               | Unsettled Mail                    | 57-113      | 58-113       |
| Die of Vener. Poed | 45-115      | 56-115       |               | Unsettled Mail                    | 57-114      | 58-114       |
| Die of Vener. Poed | 45-116      | 56-116       |               | Unsettled Mail                    | 57-115      | 58-115       |
| Die of Vener. Poed | 45-117      | 56-117       |               | Unsettled Mail                    | 57-116      | 58-116       |
| Die of Vener. Poed | 45-118      | 56-118       |               | Unsettled Mail                    | 57-117      | 58-117       |
| Die of Vener. Poed | 45-119      | 56-119       |               | Unsettled Mail                    | 57-118      | 58-118       |
| Die of Vener. Poed | 45-120      | 56-120       |               | Unsettled Mail                    | 57-119      | 58-119       |
| Die of Vener. Poed | 45-121      | 56-121       |               | Unsettled Mail                    | 57-120      | 58-120       |
| Die of Vener. Poed | 45-122      | 56-122       |               | Unsettled Mail                    | 57-121      | 58-121       |
| Die of Vener. Poed | 45-123      | 56-123       |               | Unsettled Mail                    | 57-122      | 58-122       |
| Die of Vener. Poed | 45-124      | 56-124       |               | Unsettled Mail                    | 57-123      | 58-123       |
| Die of Vener. Poed | 45-125      | 56-125       |               | Unsettled Mail                    | 57-124      | 58-124       |
| Die of Vener. Poed | 45-126      | 56-126       |               | Unsettled Mail                    | 57-125      | 58-125       |
| Die of Vener. Poed | 45-127      | 56-127       |               | Unsettled Mail                    | 57-126      | 58-126       |
| Die of Vener. Poed | 45-128      | 56-128       |               | Unsettled Mail                    | 57-127      | 58-127       |
| Die of Vener. Poed | 45-129      | 56-129       |               | Unsettled Mail                    | 57-128      | 58-128       |
| Die of Vener. Poed | 45-130      | 56-130       |               | Unsettled Mail                    | 57-129      | 58-129       |
| Die of Vener. Poed | 45-131      | 56-131       |               | Unsettled Mail                    | 57-130      | 58-130       |
| Die of Vener. Poed | 45-132      | 56-132       |               | Unsettled Mail                    | 57-131      | 58-131       |
| Die of Vener. Poed | 45-133      | 56-133       |               | Unsettled Mail                    | 57-132      | 58-132       |
| Die of Vener. Poed | 45-134      | 56-134       |               | Unsettled Mail                    | 57-133      | 58-133       |
| Die of Vener. Poed | 45-135      | 56-135       |               | Unsettled Mail                    | 57-134      | 58-134       |
| Die of Vener. Poed | 45-136      | 56-136       |               | Unsettled Mail                    | 57-135      | 58-135       |
| Die of Vener. Poed | 45-137      | 56-137       |               | Unsettled Mail                    | 57-136      | 58-136       |
| Die of Vener. Poed | 45-138      | 56-138       |               | Unsettled Mail                    | 57-137      | 58-137       |
| Die of Vener. Poed | 45-139      | 56-139       |               | Unsettled Mail                    | 57-138      | 58-138       |
| Die of Vener. Poed | 45-140      | 56-140       |               | Unsettled Mail                    | 57-139      | 58-139       |
| Die of Vener. Poed | 45-141      | 56-141       |               | Unsettled Mail                    | 57-140      | 58-140       |
| Die of Vener. Poed | 45-142      | 56-142       |               | Unsettled Mail                    | 57-141      | 58-141       |
| Die of Vener. Poed | 45-143      | 56-143       |               | Unsettled Mail                    | 57-142      | 58-142       |
| Die of Vener. Poed | 45-144      | 56-144       |               | Unsettled Mail                    | 57-143      | 58-143       |
| Die of Vener. Poed | 45-145      | 56-145       |               | Unsettled Mail                    | 57-144      | 58-144       |
| Die of Vener. Poed | 45-146      | 56-146       |               | Unsettled Mail                    | 57-145      | 58-145       |
| Die of Vener. Poed | 45-147      | 56-147       |               | Unsettled Mail                    | 57-146      | 58-146       |
| Die of Vener. Poed | 45-148      | 56-148       |               | Unsettled Mail                    | 57-147      | 58-147       |
| Die of Vener. Poed | 45-149      | 56-149       |               | Unsettled Mail                    | 57-148      | 58-148       |
| Die of Vener. Poed | 45-150      | 56-150       |               | Unsettled Mail                    | 57-149      | 58-149       |
| Die of Vener. Poed | 45-151      | 56-151       |               | Unsettled Mail                    | 57-150      | 58-150       |
| Die of Vener. Poed | 45-152      | 56-152       |               | Unsettled Mail                    | 57-151      | 58-151       |
| Die of Vener. Poed | 45-153      | 56-153       |               | Unsettled Mail                    | 57-152      | 58-152       |
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| Die of Vener. Poed | 45-156      | 56-156       |               | Unsettled Mail                    | 57-155      | 58-155       |
| Die of Vener. Poed | 45-157      | 56-157       |               | Unsettled Mail                    | 57-156      | 58-156       |
| Die of Vener. Poed | 45-158      | 56-158       |               | Unsettled Mail                    | 57-157      | 58-157       |
| Die of Vener. Poed | 45-159      | 56-159       |               | Unsettled Mail                    | 57-158      | 58-158       |
| Die of Vener. Poed | 45-160      | 56-160       |               | Unsettled Mail                    | 57-159      | 58-159       |
| Die of Vener. Poed | 45-161      | 56-161       |               | Unsettled Mail                    | 57-160      | 58-160       |
| Die of Vener. Poed | 45-162      | 56-162       |               | Unsettled Mail                    | 57-161      | 58-161       |
| Die of Vener. Poed | 45-163      | 56-163       |               | Unsettled Mail                    | 57-162      | 58-162       |
| Die of Vener. Poed | 45-164      | 56-164       |               | Unsettled Mail                    | 57-163      | 58-163       |
| Die of Vener. Poed | 45-165      | 56-165       |               | Unsettled Mail                    | 57-164      | 58-164       |
| Die of Vener. Poed | 45-166      | 56-166       |               | Unsettled Mail                    | 57-165      | 58-165       |
| Die of Vener. Poed | 45-167      | 56-167       |               | Unsettled Mail                    | 57-166      | 58-166       |
| Die of Vener. Poed | 45-168      | 56-168       |               | Unsettled Mail                    | 57-167      | 58-167       |
| Die of Vener. Poed | 45-169      | 56-169       |               | Unsettled Mail                    | 57-168      | 58-168       |
| Die of Vener. Poed | 45-170      | 56-170       |               | Unsettled Mail                    | 57-169      | 58-169       |
| Die of Vener. Poed | 45-171      | 56-171       |               | Unsettled Mail                    | 57-170      | 58-170       |
| Die of Vener. Poed | 45-172      | 56-172       |               | Unsettled Mail                    | 57-171      | 58-171       |
| Die of Vener. Poed | 45-173      | 56-173       |               | Unsettled Mail                    | 57-172      | 58-172       |
| Die of Vener. Poed | 45-174      | 56-174       |               | Unsettled Mail                    | 57-173      | 5            |

**REDACTED CONFIDENTIAL POL INFO**

**CONFIDENTIAL**

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CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP401112830

3 1130 1815 9

COMMONWEALTH OF PENNSYLVANIA  
INSURANCE DEPARTMENT  
ROOM 300 STATE OFFICE BLDG.  
HARRISBURG, PA 17120-0001  
TELEPHONE (717) 644-5000

November 23, 1993

Metropolitan Life Insurance Co.  
500 Schoolhouse Rd.  
Johnstown, PA 15915  
Attn: Salvatore M. Masucci

RZ: Insured: [REDACTED]  
File #: 93 306 04199

Dear Sir/Madam:

Enclosed is a copy of a complaint we have received from the above-captioned complainant(s).

Would you kindly review this matter and advise this Department of your findings within ten (10) working days. If you have any questions concerning this matter, please contact me at 412-565-7661.

Your cooperation in this matter will be appreciated.

Sincerely yours,

Ray Osekowski  
Consumer Services Representative  
Bureau of Consumer Services

C-4

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP4011112831

**RECEIVED**  
NOV 19 1993  
INSURANCE CONSUMER SERVICES  
PITTSBURGH

**COMMONWEALTH OF PENNSYLVANIA**  
**INSURANCE DEPARTMENT**  
**INSURANCE COMPLAINT FORM**  
(Please Print or Type)

In response to your request for assistance, we are mailing this Insurance Complaint Form. In order that a review may be conducted, please complete this form and return it to the nearest regional office.

NAME: [REDACTED]  
ADDRESS: [REDACTED]  
INSURED NAME: [REDACTED] (If other than above)

DATING TELEPHONE #  
HOME: [REDACTED] (area code)  
WORK: [REDACTED] (area code)

1. Type of Insurance (Please Check One)  
 AUTO ☐ HOMEOWNERS ☐ COMMERCIAL ☐  
 LIFE ☒ REALTY ☐ OTHER ☐ (specify) \_\_\_\_\_

2. (A) If your problem involves an insurance company, give the full name of the company:  
METROPOLITAN LIFE INSURANCE CO.  
 (B) With whom at the company have you dealt?  
 Name: KEN KACZMAREK Phone #: 412-373-3114

3. If your problem involves an agent or broker, give his/her full name, address and phone #:  
KEN KACZMAREK 2790 MASSING ROAD MARBOLVILLE PA 15116 412-373-3114

4. Policy #: 23 A and 80 A Claim #: ?

5. Date and location of accident or loss: \_\_\_\_\_

6. Have you previously reported this problem to our office or any other agency?  
 Yes ☐ No ☒ If yes, to whom? \_\_\_\_\_

**PLEASE CHECK THE TYPE OF PROBLEM THAT APPLIES TO YOUR COMPLAINT.**

☐ Cancellation/Nonrenewal  
☐ Claim Handling  
☐ Billing/Premium Dispute  
☒ Sales Misrepresentation  
☐ Other (specify) \_\_\_\_\_

PS-4 (Rev. 6/72) -continued on reverse side-

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP4011112832

Briefly in your own words please describe your problem and the assistance you are seeking from the Department. If more space is needed, please attach additional sheets. Attach copies of policies, correspondence and all supporting documentation.

When my life insurance policy was issued, I had been Kargomark and his father (both employed by the City) contacted me and wanted to meet with me personally. They tried to persuade me to take out a \$5,000 policy in addition to the \$1,000 policy that I already had in full. I told them that I was not interested. He then Kargomark told me that it would be nice for me to replace my existing policy with a new one. He said it would be fine. In addition, he stated that if I did not replace it for reasons still unknown to me, I could not understand him. Hearing this, I trusted him and replaced my then existing policy with a new one. I did not become aware of what was happening until a few years later because of many things taking place in my head. I called him and asked him to explain to me what was happening. I advised him that I was receiving good information for advice. He then said that he was sorry that I could not understand. I said a PI but the article last week which described the situation that I was in was a problem to the policy. I then

## PLEASE SIGN AND DATE THE STATEMENT BELOW.

To the best of my knowledge, the information contained herein is correct. I am attaching copies of my policy, papers and other correspondence relative to this problem. I understand that a copy of this form and attachments may be forwarded to the insurance company involved.

SIGNATURE

DATE

HARRISBURG REGIONAL OFFICE  
Room 1121 STEVENSON SQUARE  
Harrisburg State Office Bldg. #1  
Harrisburg, PA 17120  
(717) 787-3317

STATE REGIONAL OFFICE  
Room 106 State Office Bldg.  
1000 Liberty Avenue  
Pittsburgh, PA 15222  
(412) 565-5020

PHILADELPHIA REGIONAL OFFICE  
Room 1701 State Office Bldg.  
1400 Spring Garden Street  
Philadelphia, PA 19110  
(215) 560-2650

DATE REGIONAL OFFICE  
Room 513 Baldwin Bldg.  
Post Office Box 612  
Pike, PA 15122  
(814) 871-4400

4/19/93

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP4011112833

Room 304 State Office Bldg.  
300 Liberty Avenue  
Pittsburgh, PA 15222  
(412) 565-5020

Room 513 Baldwin Bldg.  
Post Office Box 6142  
Erie, PA 16512  
(814) 871-4466

# METROPOLITAN LIFE INSURANCE COMPANY

A MUTUAL LIFE INSURANCE COMPANY  
INCORPORATED BY THE STATE OF NEW YORK  
HOME OFFICE  
NEW YORK

## HERBY INSURES THE LIFE OF

herein called the Insured, in accordance with the terms of this Policy, No. 23, A, and  
Promises to Pay at Its Home Office in the City of New York,  
upon receipt of due proof of the death of the Insured and upon surrender of this Policy,

FIVE THOUSAND Dollars  
(Amount of Insurance)

FATHER

or if the Beneficiary is not living when the Insured dies, then to  
Beneficiary,

Page 2

## INDEX OF PROVISIONS AND BENEFITS

- Total and Permanent Disability Benefit—Waiver of Premiums
- Provision 1, Rights Under Policy
- Provision 2, Change of Beneficiary or Contingent Beneficiary
- Provision 3, Assignment
- Provision 4, Payment of Premiums and Grace Period
- Provision 5, Surrenderability
- Provision 6, Suicide
- Provision 7, Age
- Provision 8, Entire Contract
- Provision 9, Agents
- Provision 10, Participation—Dividends
- Provision 11, Loans
- Provision 12, Determination of Certain Payments
- Provision 13, Reinstatement
- Provision 14, Benefits on Surrender or Lapse (Discontinuance of Premium Payments)
- Provision 15, Optional Modes of Settlement

Metropolitan Life Insurance Company  
400 North Tower Road, Jacksonville, FL 32202 (904) 387-1000



MP4011112834

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

940204 20129 MetLife Administrative Office  
200 South Tower Road, Jacksonville, FL 32202-1000Metropolitan Life Insurance Co.  
Michael F. Bashur Branch Manager  
615 Monroeville Branch

December 6, 1993

RE Policyholder 89 [REDACTED] A  
 Policy Number(s) 3-1130-1815-9  
 Case Number Insurance Department  
 Type of Complaint Kenneth F. Maczmarek, Jr./Term.  
 Representatives/Status Kenneth F. Maczmarek/Active

THE ATTACHED CORRESPONDENCE RAISES SERIOUS ALLEGATIONS AND SHOULD RECEIVE YOUR IMMEDIATE ATTENTION. Would you please look into the circumstances surrounding the writing and placing of the policy in question.

A prompt detailed report from the sales representative and anyone else involved in the canvass and sale of this policy is essential. Have each one submit a detailed report over their own shoulders. Attachments include: (1) specific details of the situation; (2) copies of any materials used in the sales presentation; (3) copies of any materials and/or policy review, etc. and; (3) any additional pertinent information, not specifically requested.

If the sales representative is no longer active (retired, disabled, terminated) every effort should be made to obtain a written report. If you are unsuccessful in obtaining this report, please let us know what attempts were made to contact the representative.

Finally, in addition to the sales representative's report, we would appreciate receiving (1) an outline of your findings in this case, including the results of any interview with the insured, and (2) your recommendation as to how the matter should be resolved.

NOTE: The reports must be sent to MCO-Consumer Relations (Johnston) on or before: December 22, 1993.

Linda M. Ringler, PMW, ACS  
 Office of Consumer Relations  
 Johnston Administrative Office

LMR:dc

Attachment

Metropolitan Life Insurance Company

CONFIDENTIAL

MP4011112835

LNR:dc  
Attachment

Wm. H. Feltz Insurance Company

## MISREPRESENTATION/REPLACEMENT QUESTIONNAIRE

IN REPLYING REFER TO FILE NUMBER 3-1130-1615-9

1. DESCRIBE IN DETAIL THE CANYASS, THE BASIS OF THE SALE, AND THE PLACING OF NEW INSURANCE.
2. WHAT WAS YOUR IMPRESSION OF THE INSURED'S UNDERSTANDING OF THE PURPOSE OF THIS INSURANCE?
3. WAS THERE ANY DISCUSSION DURING THE SELLING OR PLACEMENT INTERVIEW REGARDING THE REPLACEMENT OF ANY EXISTING INSURANCE? (GIVE FULL DETAILS)
4. IF REPLACEMENT WAS INTENDED, WHY WASN'T IT INDICATED ON THE APPLICATION?
5. WAS THERE ANY DISCUSSION REGARDING THE PAYMENT OF PREMIUMS ON NEW OR EXISTING INSURANCE BY MEANS OF POLICY LOANS? (EXPLAIN IN DETAIL)
6. DESCRIBE WHAT EFFORTS WERE MADE TO CONSERVE OR MAKE CHANGES IN THE EXISTING INSURANCE TO OBTAIN THE RESULTS DESIRED BY THE INSURED.
7. WAS AN ILLUSTRATION SHOWING THE YEAR BY YEAR CASH SURRENDER VALUE OF THE POLICY PROVIDED AND DISCUSSED? IF SO, SEND US A COPY IF AVAILABLE.
8. WAS ANY REQUEST FOR EXERCISE OF THE 10-DAY FREE LOOK PROVISION MADE?
9. IS THERE ANY INDICATION OF INFLUENCE BY AN OUTSIDE PARTY?
10. PLEASE RESPOND TO THE INSURED'S STATEMENT THAT HIS \$5,000 WAS PAID IN FULL AND HAD TO BE REPLACED.

DC

**CONFIDENTIAL**

**REDACTED CONFIDENTIAL POL INFO**

MP401112836

LINDA RINGLER  
Consumer Relations  
DEC 12 1993

**Personnel & Services  
Abstracts Administration 1987**

941204 20131

Rec'd call from Rep. [REDACTED] fragment.

the get nothing out of the England.  
don have you learned. Application was witnessed  
Joseph White.

banking to and regard you can get 100% commission.  
We write out to the Black Market & send the  
reps. worked.. you are never satisfied in the  
employ.

Our correspondent goes to the Grand Meeting.  
If he elected to give to you this is slashed  
obscene.

Agony every thing as in exp & exp. I advised all of  
the from defendants on 23 [redacted] A well replacement  
was not exhibited.

We are worried about you and not the emphasis  
we would put to it under the case.

Advised we free to respond to and  
I'll comply.

MP4011112837

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

Id enclosed.

Administrative Management Office  
100 East 10th Street, Suite 1000, Pittsburgh, PA 15222

948204 20132



RAY OSEKOWSKI  
CONSUMER SERVICES REPRESENTATIVE  
PENNSYLVANIA INSURANCE DEPARTMENT  
ROOM 304 STATE OFFICE BUILDING  
300 LIBERTY AVE  
PITTSBURGH PA 15222

Re Insured [REDACTED]  
Policy [REDACTED]  
Your File # 33 306 04199

Dear Mr. Osekowski

This will acknowledge receipt of your letter of November 23, 1993.

We are sorry that we cannot provide you with an immediate reply to your inquiry. Please be assured that your request is receiving our close attention and we will supplement this letter as soon as possible.

Thank you for your patience.

Sincerely

Russell J. Gramlich  
Vice-President

December 15, 1993

RJG/jmk

Metropolitan Life Insurance Company

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP401112838

FROM: JAO-CONSUMER RELATIONS/9 MSG#: 93-03154735  
TO : JAO-CONSUMER RELATIONS/9 MSG#: 93-03154735  
SUBJ: [REDACTED] SENT: 12/22/93 02:25 PM PRIORITY: 2

931224 1113

ATTN: MICHAEL BASHUR  
BRANCH MANAGER

WE HAVE NOT RECEIVED A REPLY TO OUR CORRESPONDENCE OF DECEMBER 4, 1993.  
ON DECEMBER 12TH, I SPOKE WITH REPRESENTATIVE KACZMAREK WHO INDICATED THAT  
THE POLICY APPEARED TO BE ON THE UP AND UP AND THAT HE WOULD WORK ON IT  
AFTER YEAR END. I ADVISED HIM AT THAT TIME THAT ALL MONIES TO FUND POLICY  
59 [REDACTED] A HAVE COME FROM DIVIDEND WITHHOLDINGS AND LOANS ON POLICY  
23 [REDACTED] A. REPLACEMENT WAS NOT INDICATED ON THE APPLICATION. I ALSO  
ADVISED HIM THAT WE HAD ONLY TEN DAYS IN WHICH TO RESPOND TO THE INSURANCE  
DEPARTMENT.

PLEASE ADVISE THE STATUS OF THIS CASE AND WHEN WE MAY EXPECT TO RECEIVE YOUR  
RESPONSE.

A REPLY IS REQUESTED BY JANUARY 6, 1994.

LINDA M. RINGLER, FLRL, ACS  
JAO CONSUMER RELATIONS  
AREA V&B

MP4011112839

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

FROM: PISKURA, LEI  
TO: JAS  
SUBJ: [REDACTED]

MSG#: 94-00044876  
SENT: 01/06/94 04:03 PM

PRIORITY: 2

540204-20134

ATTN: MICHAEL SASHUK  
BRANCH MANAGER

PER MY MESSAGE OF 12/27/93, THIS IS AN INSURANCE DEPARTMENT CASE AND MUST BE  
RESOLVED IMMEDIATELY. REPRESENTATIVE KACZMAREK WAS ADVISED THAT ALL MONIES  
TO FUND POLICY 89 [REDACTED] A HAVE COME FROM DIVIDEND WITHDRAWALS AND LOANS  
ON POLICY 23 [REDACTED] A. ALSO, REPLACEMENT WAS NOT INDICATED.

YOUR IMMEDIATELY REPLY WOULD BE APPRECIATED.

THANK YOU.

LINDA H. RINGLER, FLM, ACS  
JAO CONSUMER RELATIONS  
AREA V&D

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP401112840

Admiral Insurance Co., Inc.  
100 Exchange Blvd., Allentown, PA 18106-1007

540204 2015  
**McAllister**

RAY OSKOWSKI INVESTIGATOR  
CONSUMER SERVICES REPRESENTATIVE  
PENNSYLVANIA INSURANCE DEPARTMENT  
ROOM 304 STATE OFFICE BUILDING  
300 LIBERTY AVE  
PITTSBURGH PA 15222

Re: Insured [REDACTED]  
Policy 89 [REDACTED] A  
Year File 93 306 04199

Dear Mr. Oskowski

This will supplement our letter of December 15, 1993.

We do not yet have all the information necessary to provide a final response. Please be assured we will supplement this letter shortly.

Sincerely

Russell J. Gramlich  
Vice-President

January 7, 1994

RJG/de

Metropolitan Life Insurance Company

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP401112841

2790 Riverside Boulevard, Suite 200, Manhattan, NY 10046  
Tel 212 512 2000  
Fax 212 512 2001

Michael E. Baebur, CLU, ChFC

Branch Manager

Regional Vice President

Member of A.A.U.

Life Underwriter

Professional Designated Person

546204 20136

54 JUN 14 11:15 AM



Ms. Linda M. Ringler, FIM, ACS  
JAO-Consumer Relations

Re: Complaint- Policy No. 89 [REDACTED] A and 23 [REDACTED] A

Dear Linda:

This case was written by ex-Branch Manager Joe White for ex-Branch Representative Ken Macomack, Jr. Ken Macomack, Sr. was not involved in this case, see copy of his letter attached. (Application was completed in Joe White's handwriting and witnessed by him.)

It appears that the policy was sold on the basis of let five years premium from values of old policy 23 [REDACTED] A, Jones merit 3 years from cash value of new policy, and then to be placed on A.P.F. (See notes from client file).

Due to this complicated approach, that won't work due to reduced dividends, won't be eligible for A.P.F. for several more years and the client's complaint that referred to the negative T.V. coverage of MetLife, I recommend that we rescind policy No. 89 [REDACTED] A and return all monies to policy No. 23 [REDACTED] A.

Yours truly,

*Michael E. Baebur*

Michael E. Baebur, CLU, ChFC  
Branch Manager

January 6, 1994

MEB/mar

Life, health, accident, disability life insurance and variable investment offered through Metropolitan Life Insurance Company. Member of the MetLife Group. MetLife Insurance Company, New York, NY.



CONFIDENTIAL

REDACTED CONFIDENTIAL POL  
INFO

MP4011112842

940204 20137

Michael P. Bashur, CNU, CPC  
Branch Manager  
315 Monroeville, PA

Re: [REDACTED] complaint

Dear Mr. Bashur:

I was not involved with this case at all. Joe White took my son on the case and told the client he was Ken's father and wrote the case for my son.

I never received anything on this case and was not involved.

Yours truly,

*Kenneth P. Kennard*  
Kenneth P. Kennard  
Sales Representative

January 6, 1994

KPK/kmr

MetLife

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69 11 11

CONFIDENTIAL

MP401112843

July 7-11-89  
 541204 20138  
 ... made to annual July 17 - 1990

- premium for new policy will be paid by old policy for 5 years
- 6,7,8 year - policy is to be paid by the guaranteed cash value.
- 9 year put on ~~acc~~ accelerated payment plan, when dividend are higher than the premium payment use to reduce loan of \$1000.

Continue paying premium of \$20.55 until next year at this time

SHAW-WALKER



CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP4011112845

09:44:50  
# 250524  
# 30105  
# 490

FROM: JAO-CONSUMER RELATIONS/9 MSG# 94-00124652  
TO: JAO - CJC  
SUBJ: [REDACTED] 50:01:06/17/10 AM PRIORITY: 2

04412-40206

ATTN: MICHAEL F. BASHUR, CLU, CHFC  
BRANCH MANAGER

POLICY 59 [REDACTED] A INSURING THE LIFE OF ROBERT DUCH IS BEING RESCINDED WITH A REFUND OF \$3,713.75. REPRESENTING ALL MONIES APPLIED TO THE POLICY. THE AMOUNT OF \$3,671.85 WILL BE USED TO REVERSE THE DIVIDEND WITHDRAWALS AND LOANS ON POLICY 23 [REDACTED] A. THE BALANCE OF \$41.90, REPRESENTING LOAN INTEREST PAYMENTS MADE BY THE INSURED, WILL BE REFUNDED TO THE INSURED. A REFUND CHECK IN THIS AMOUNT WILL BE FORWARDED TO YOU FOR DELIVERY TO THE POLICYHOLDER IN EXCHANGE FOR THE POLICY.

POLICY 60 [REDACTED] A IS VOID AND NO LONGER IN EFFECT. PLEASE RETURN THIS POLICY TO MY ATTENTION.

LINDA N. RINGLER, FLMI, ACS  
JAO JAO CONSUMER RELATIONS





MP4011112848

**CONFIDENTIAL**

Sent by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_  
 Station \_\_\_\_\_  
 OUTSIDE (to be filled in U.S.A. 0000000000 (1000))

RSN BINDER  
 COMPANY NUMBER  
 JAN 17 1994  
 0000000000 (1000)

Check Acquisitions

Head Office: 310 Date: 1-17-94  
 Company: 941000000000 ☐ MNC ☐ INT.  
 "Complete & Transmit" Summary for Each Company

Print Details At: ☐ Computer Center ☒ Head Office  
 Issue "Master" Details: ☐ Emergency Check(s)  
 Enter Benefits Incident and Type of Check(s) to be Done:

| Bundle Number | Entered By | Date | Received By | Date |
|---------------|------------|------|-------------|------|
| 000-8         |            |      |             |      |

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REDACTED CONFIDENTIAL POL INFO



**CONFIDENTIAL**

**REDACTED CONFIDENTIAL POL INFO**

MP401112850

**MetLife**

INSURED: [REDACTED]

POLICY LIST

940204 20145

541.90 01/18/94

Pay to the Order of:

[REDACTED]

The Chase Manhattan Bank, N.A.  
212 West 67th Street, New York, N.Y.

#000409764 #021000021# 002=3=0006091\*

**MetLife**  
CITY SPRINGFIELD  
JOHNSTOWN, PA. 15915

Metropolitan Life Insurance Company  
Type of Payment PREMIUM REFUND  
284

OFFICE J15

\*\*\*A

CHECK NUMBER 000409764

DATE JAN 18 94

AMOUNT \$\*\*\*\*\*1\*90

DOLLARS

Net Valid Before

JAN 18 94

Amount Due

\$\*\*\*\*\*1\*90

CHAS M F

THIS CHECK IS NOT VALID UNTIL THE DATE



TO: ADJUSTMENT  
 Cash & Loan Approving  
 Policyholder Services-Midwestern

TO: H  
 Consumer Relations, Customer Services  
 Head Office

PLEASE LIFT POLICY 90 A, MAKING THE ADJUSTMENT INDICATED BELOW:

| POLICY # <u>90</u> <u>A</u> |                |                   |                   | POLICY # <u>23</u> <u>A</u> |                   |               |                   |
|-----------------------------|----------------|-------------------|-------------------|-----------------------------|-------------------|---------------|-------------------|
| DEBIT                       |                | CREDIT            |                   | DEBIT                       |                   | CREDIT        |                   |
| Free. 1st Yr.               | \$ <u>998</u>  | Susp. Assets      | \$                | Susp. Assets                | \$                | Susp. Assets  | \$                |
| Free. Renewal               | \$ <u>3024</u> | Susp. Liab.       | \$ <u>3671.95</u> | Susp. Liab.                 | \$ <u>3671.95</u> | Susp. Liab.   | \$                |
| Loan Interest               | \$             | Loan              | \$                | Loan                        | \$                | Loan          | \$ <u>1100.91</u> |
| Susp. Assets                | \$             | Cash Value        | \$ <u>398.25</u>  | Loan Interest               | \$                | Loan Interest | \$ <u>3510.46</u> |
| Susp. Liab.                 | \$             | Dividends         | \$ <u>41.96</u>   | Dividends                   | \$                | Dividends     | \$                |
|                             |                | D.O.B.            | \$                | Cash Value                  | \$                | Cash Value    | \$                |
|                             |                | Cost of Insurance | \$                | D.O.B.                      | \$                | D.O.B.        | \$                |
| TOTAL                       | \$ <u>4462</u> | TOTAL             | \$ <u>4462</u>    | TOTAL                       | \$ <u>3671.95</u> | TOTAL         | \$ <u>3671.95</u> |

9/10/2004 2:01:17

| POLICY FACTS FOR LIFTED POLICY |                                      | ATTACHMENTS | COMMENTS                                 |
|--------------------------------|--------------------------------------|-------------|--|
| Insured                        | <u>[REDACTED]</u>                    | POLICY      |  |
| Paid To Date                   | <u>7-17-34</u>                       | CPF         |  |
| Mode                           | <u>H</u>                             | DIV. REQ.   |  |
| District                       | <u>915</u>                           | 980         |  |
| Agency/Index                   | <u>887-2</u>                         | OTHER       | <input checked="" type="checkbox"/> FILE |
| Commission \$                  | <u>Allow</u> <u>Product</u> <u>X</u> | APP         |  |

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP401112852

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP401112853

FROM: JAG-MATURITIES/11 MSG#: 94-00170438  
TO : GIANE KANELLOS SENT: 01/21/94 08:54 AM PRIORITY: 2

SUBJ: TT11

DIANE. 940204 20148

PLEASE PROCESS TT11 ON THE FOLLOWING POLICY FOR CIV REVERSAL.

023 A AI- 5043.97 AS OF 1-15-94  
CO- 2570.94

THANK YOU

R HAVENER  
JAG/INDUSTRIAL PROCESS/INDJ  
JOHNSTOWN, PA.  
EXT 418

MP401112854

NTES CASE COPY FOR 840124  
 POL # 88-1-A SURNAME CC # 8180/88200 ID:RALPH HAVENER MODULE: POLICY LIFT  
 A/M/N 888 TR188 PROB TYPE:1 DIST:JTB REASON:000 LOSS:00 BLK: CK#:000000000 CK DATE:000000 180-A DATE:000000 PLAN:1980  
 EXPLANATION:POLICY LIFT AND DIV AND LOAN REVERSALS. TO  
 CLEAR AND CHECK 000409788 DTD 1-18-84 BLK 608 CODE 264. PAID TO DATE 7-17-88  
 POLICY ACCOUNT CODE PREMIUM PAYING. INSURED-  

| SEQ | DEPT | ACCT  | DESCRIPTION             | DEBIT      | CREDIT     | SECONDARY POLICY |
|-----|------|-------|-------------------------|------------|------------|------------------|
| 036 | 020  | 00301 | RET PREN-FIRST YEAR ORD | \$ 878.00  | \$ .00     |                  |
| 037 | 020  | 00302 | RETURN PREMIUM-RENEWAL  | \$ 3824.00 | \$ .00     |                  |
| 006 | 020  | 02808 | INTEREST ON LOANS       | \$ 84.43   | \$ .00     | 023              |
| 007 | 020  | 44001 | DIYS. TO POLICYHOLDER   | \$ .00     | \$ 888.28  | 023              |
| 003 | 020  | 88004 | NOTICE AT               | \$ .00     | \$ 2870.84 | 023              |
| 008 | 020  | 72100 | TEMPORARY LOANS         | \$ .00     | \$ 1188.34 | 023              |
| 002 | 020  | 83018 | POLICY DISBURSMENTS     | \$ .00     | \$ 41.80   |                  |

POLICY LIFT NOTICE FEEDBACK 228 WAS PRODUCED  
 DIVIDEND FEEDBACK TT 23 INT SF WAS PRODUCED  

| TY | CURR. | CURR. | TYT EX | DWI | AI/AA      | CURR. | CV         |
|----|-------|-------|--------|-----|------------|-------|------------|
|    | DIV.  | AI/AA | DIV    |     |            | TYT   | AI/AA      |
| RS |       |       |        |     | \$ 8043.87 |       | \$ 2870.88 |

LOAN FEEDBACK TMC 788 WAS PRODUCED

9/10/2019 20:19

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

640 902 730 MS 1358805  
 651 219 098 MS 903 245 258 4L

670 (24) 316 MS  
 don't understand your position. This

66117260 AI

sounds exactly what you did when  
 you convinced us to borrow on my  
 husband's policy & insure myself.

Barbara Fantasi

Metropolitan Life Insurance Company  
P.O. Box 829, New York, NY 10159-0829



MP401112856

Raymond R Fantaski  
1514 Grant St  
Braddock, PA 15104

06/19/95

Dear Mr. Fantaski

For more than 126 years, we at MetLife have sought to ensure that our customers understand just how valuable their insurance protection is.

Indeed, in helping provide financial security to more than 40 million people worldwide, we believe that the more informed our policyholders are, the better they'll understand, and the more they'll appreciate, their MetLife policies.

It's for this reason that I am pleased to send you the enclosed booklet called, "**Evaluating Life Insurance Policy Replacement — Helping You Make Sense of It All<sup>SM</sup>**."

As you may know, policy replacement or "trading in" one policy for another is a growing concern among today's insurance-buying public. Although there may be an occasion when it makes sense, it is usually not a good idea to replace your current life insurance policy.

The enclosed guide is an objective and impartial look at policy replacement. You'll want to familiarize yourself with the contents of the guide and keep it with your policy. There may be a time when you'll need to refer to it.

Of course, the best source for answers to any questions you may have about your policy is a MetLife representative. He or she can help you evaluate your circumstances and needs, and advise you accordingly. Don't hesitate to contact your MetLife rep or call 1-800-MET-5000 for more information.

Your MetLife policy is a valuable asset that provides financial security for you and your loved ones. I hope you'll find the enclosed guide helpful should you ever consider replacement.

Sincerely

A handwritten signature in dark ink, appearing to read "T. Athanassiades".

Ted Athanassiades  
President and Chief Operating Officer

P.S. If this letter has been forwarded to you with a yellow label from the Post Office, please call 1-800-MET-5000 to change your address on our records.

#626WA117RW260CK

DOROTHY FANTASKI  
1514 GRANT AVENUE  
N. BRADDOCK, PA 15104

*Spide  
PO Box 829  
New York NY 10599-0829*



MP4011112857



## MICROFILM

CASE REFERENCE # 95 264 041 507POLICY 903 245 258 UL

## APPLICATION FILE:

PAGE 3:

NAME Dorothy G. Fantaski  
 PLAN APPLIED FOR FPL option A  
 AMOUNT APPLIED 50,000

PAGE 5:

REPLACEMENT QUESTION (Y,N) NO

PAGE 13:

INFORCE INSURANCE 1,000 20PL 1960  
 \_\_\_\_\_  
 \_\_\_\_\_

PAGE 14:

#4A - REPLACEMENT (Y,N) NO  
 #4B - REPLACEMENT (Y,N) NO  
 FORMS ATTACHED (Y,N,N/A) not required

AMENDMENT FORM? \_\_\_\_\_

COMMENTS: Proceeds from pol. 626117260 A1  
transferred to 903 245 258 UL  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ATTACHMENTS:

Service Ctr.  
 2 1995  
 CONSUMER RELATIONS

CONFIDENTIAL

WARWICK CONSUMER RELATIONS FAX:(401)827-3900

DATE September 22, 1995  
TO AGENCY MGR Samuel K. Mathews  
AGENCY J15 Monroeville, Pa  
FROM Adele M. Richtarik  
Consumer Relations  
RE POLICIES 903 245 258 UL 670 824 386 MS 651 219 098 MS  
640 902 730 MS 626 117 260 A1  
INSURED: Dorothy Fantaski  
ACCOUNT REP. Kenneth F. Kaczmarek  
CASE REF. # 95264041507  
(Please use this Reference # on any correspondence)

PLEASE LOOK INTO THE CIRCUMSTANCES SURROUNDING THE COMPLAINT  
BEING FAXED UNDER SEPARATE COVER. PLEASE PROVIDE THE  
REQUESTED INFORMATION AND FAX YOUR REPLY TO MY ATTENTION AT  
THE ABOVE NUMBER BY September 29, 1995.

[x] Copies of any material in the file, including sales  
materials used, illustrations provided, and the policy  
delivery receipt and delivery log. Please indicate if there  
was ever a request to exercise the free look provision.

[x] A detailed statement from the account representative and  
anyone else involved in the canvass and the sale of the  
policy.

[x] In addition, please provide any additional pertinent  
information not specifically addressed.

PLEASE BE SURE TO ADDRESS ANY SPECIFIC QUESTIONS OR ISSUES  
RAISED IN THE COMPLAINT, AND SUBMIT FACTS ONLY PERTAINING TO  
THE CASE. REMEMBER TO PROTECT OUR LIABILITY AND AVOID  
MAKING ANY RECOMMENDATIONS OR NEGATIVE COMMENTS. IF THE  
ACCOUNT REPRESENTATIVE IS NO LONGER ACTIVE, AN ATTEMPT  
SHOULD BE MADE TO OBTAIN A STATEMENT. IF YOU ARE UNABLE TO  
OBTAIN A STATEMENT, PLEASE STATE SO IN YOUR REPLY.

The information contained in the following pages is confi-  
dential and intended only for the individual named above.  
ANY OTHER USE, DISSEMINATION, OR COPYING OF THIS  
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If this document was sent to you in error, please notify us  
immediately at the number listed above and destroy this  
document.

CC REGION 82 Pittsburgh, PA

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